



**Tennessee Department of Health
Newborn Screening Follow Up Program
Division of Family Health and Wellness
R.S. Gass Building, 1st Floor
630 Hart Lane, Nashville, TN 37243
NEWBORN SCREENING REFUSAL FORM**

Instructions: Fill out a Newborn Screening filter card with the following information and attach this completed and signed refusal form.

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| a. Marked 'Refused' as reason for NO BLOOD SCREEN; | d. Hospital of Birth ID; |
| b. Infant first and last name; | e. Mother first and last name; |
| c. Infant date and time of birth; | f. Mother address, city, state and zip; |

If parents also refuse the hearing screen and CCHD screen, please mark as appropriate in those boxes at the bottom of the Newborn Screening filter card and have a parent complete this refusal form.

Baby's First and Last Name: _____
 Baby's Date of Birth: _____ Time of Birth: _____
 Hospital of Birth: _____
 Mother's First and Last Name: _____
 Mother's Street Address: _____
 City: _____ ST: _____ Zip: _____

Note to provider: This form must be signed by a parent prior to submission and shall be retained in the medical record for the period of time defined by the hospital or provider policy. If filter paper is not completed, please send form to NBS.Health@tn.gov or fax to 615-532-8555.

Mark screens that will not be completed:

- Blood Specimen Screen Hearing Screen Critical Congenital Heart Disease Screen

I, _____, have the authority to make health decisions for my newborn baby, _____. I have been informed of the need for a newborn hearing screen, a pulse oximetry screen to detect critical congenital heart disease, and a blood test to screen for metabolic/genetic disorders as designated by the Department of Health.

I have been informed that Tennessee law (Title 68, Chapter 5) requires these tests and that a refusal of these tests is a misdemeanor under T.C.A. § 68-5-404, absent a firmly held religious tenet and practice. I refuse the above marked tests for my newborn baby, _____, because such tests conflict with my religious tenets and practices. Under penalty of perjury pursuant to T.C.A. § 68-5-403, I affirm such refusal is based on a conflict with my religious tenets and practices.

Parent Signature: _____ Date: ____/____/____

Submitted by: _____ Title: _____

An electronic signature will be treated as an original signature for purposes of this refusal.